

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Dlorah, LLC dba Dlorah Transit Services**

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2010 - 110 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Theresa Rhoades

Telephone: 803-708-0395

Address: 3600 Fernandina Road

Fax: 803-551-1036

Columbia, SC 29210

Other: 803-586-1665

Email: climited@aol.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
MAR 17 2010  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 03/11/2010

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Dlorah, LLC

3600 Fernandina Road Columbia, SC 29210

Street Address of Applicant

PO Box 210594 Columbia, SC 29221-0594

Mailing Address of Applicant if different from street address

803-708-0395

Phone

803-551-1036

Fax

climited@aol.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Janice Rhodes

Theresa Rhoades

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 03 Year 2010

**Assets:**

Cash	5,000.00
Receivables	0
Real Estate	215,000.00
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	3,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	1,000.00
Prepays and Other Assets	0
<b>Total Assets</b>	<b>224,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	1,600.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>1,600.00</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity</b>	<b>1,600.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$1.50 per mile

Counties to be Served:

Richland

Lexington

Newberry

Orangeburg

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

[illegible]

Mar. 11. 2010 7:25PM

Vo. 59-6 P. 2

**INSURANCE QUOTE**This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Travelers

Name of Motor Carrier

One Tower Square Hartford, CT 06183

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**Liability Insurance \$ 4188.00Limits \$50,000/\$100,000/\$50,000The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

Travelers Insurance

Name of Insurance Company

One Tower Square Hartford, CT 06183

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/15/10

Date

Chanda Woodson

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

## **Exhibit FWA**

Dlorah, LLC  
Name of Applicant

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1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

### **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

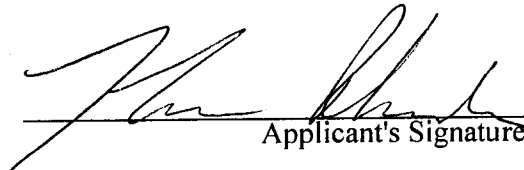


PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )


COUNTY OF Lexington )

  
Applicant's Signature

I, Theresa Rhoades, Member  
Name of Applicant's Representative Title

of Dlorah, LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of Mar, 2010

  
Notary Public

Commission Expires Oct 16 2017

# *The State of South Carolina*



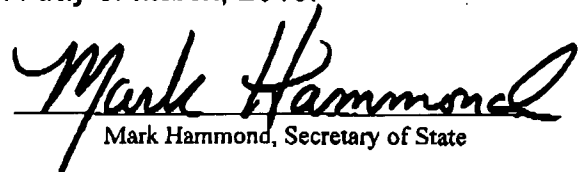
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

DLORAH, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 8th, 2003, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
18th day of March, 2010.

  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT

**\* IMPORTANT CHANGES TO DECAL APPLICATION PROCESS \***

The Law requires that you secure licenses on or before July 1, 2009.

Enforcement for the period July 1, 2009 through December 31, 2009

**UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2009, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.**

Your correct name is on the enclosed forms to assist you in ordering your Last -Half Year 2009 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

**IMPORTANT CHANGE:** License decals may be purchased by submitting a business and/or personal check, money order, certified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1401 MAIN STREET, SUITE 900  
COLUMBIA, S.C. 29201  
(803) 737-0800

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS: You are REQUIRED to complete the Owner of Vehicle Information.** Applications received without the required information may be returned unprocessed.

CLASS C-Charter

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2009

Certificate Holder: Biorah LLC  
3600 Fernandina Rd (Exact Name of Certificate Holder)  
Mailing Address City, State and Zip Code Columbia S.C. 29210

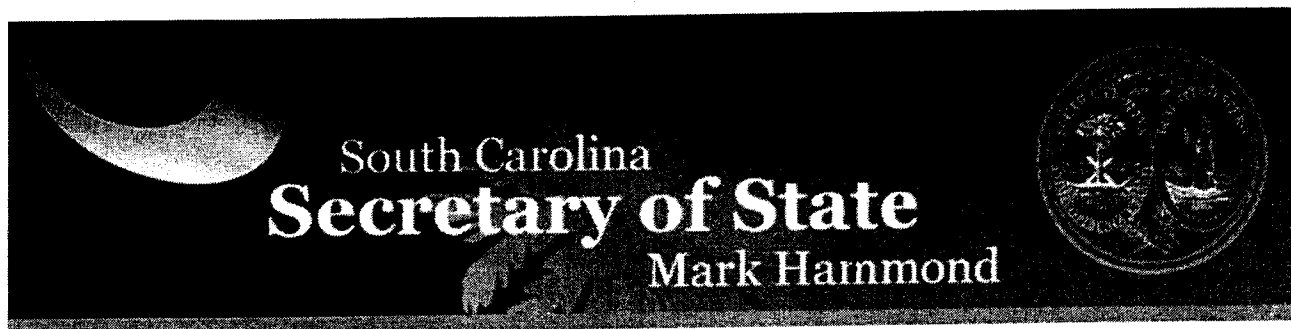
Owner of Vehicle Biorah LLC Columbia S.C. 29210  
Street Address if Different From Mailing Address Name as Listed on the Title or Registration City, State and Zip Code Telephone No.

Make of Vehicle Ford  
Body Type minivan  
VIN Number B31633 (Last 6 digits)  
Year Model 2000  
Seating Capacity Seven  
Empty Weight 3900  
FEE \$ 17.50

\*\*\* IMPORTANT \*\*\* A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

\*\*\* FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

APPLICANT'S SIGNATURE: [Signature]

**DLORAH, LLC**

*Note: This online database was last updated on 11/16/2008 6:03:20 PM.  
See our Disclaimer.*

DOMESTIC / FOREIGN:	Domestic
STATUS:	Good Standing
STATE OF INCORPORATION / ORGANIZATION:	SOUTH CAROLINA Profit

**REGISTERED AGENT INFORMATION**

REGISTERED AGENT NAME:	THERESA RHOADES
ADDRESS:	5 WOODPINE COURT
CITY:	COLUMBIA
STATE:	SC
ZIP:	29212
SECOND ADDRESS:	
FILE DATE:	07/08/2003
EFFECTIVE DATE:	07/08/2003
DISOLVED DATE:	//

**Corporation History Records**

CODE	FILE DATE	COMMENT	Document
Amendment	05/05/2008	AMD- ADD JANICE A. RHODES AS MEMBER	
Domestic LLC	07/08/2003	DOMESTIC LIMITED LIABILITY CO(AT WILL)	Image

**Disclaimer:** The South Carolina Secretary of State's Business Filings database is provided as a convenience to our customers to research information on business entities filed with our office. Updates are uploaded every 48 hours. Users are advised that the Secretary of State, the State of South Carolina or any agency, officer or employee of the State of South Carolina does not guarantee the accuracy, reliability or timeliness of such information, as it is the responsibility of the business entity to inform the Secretary of State of any updated information. While every effort is made to insure the reliability of this information, portions may be incorrect or not current. Any person or entity who relies on information obtained from this database does so at his own risk.